

DATE:	February 10, 2005		
TO:	City Clerk		
FROM:	Rep. Robert A. Cushing, Jr.		
ADDRESS	#2 Civic Center Plaza, 10 th Floor	TELEPHONE	915-541-4416
Please place the following item on the (Check one): CONSENT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/>			
Agenda for the Council Meeting of February 15, 2005			
Item should read as follows: Appointment of Sally Duran to the Workforce Retraining Advisory Committee by Rep. Robert A. Cushing, Jr., District #2. {Contact: Rep. Cushing – 915-541-4416}			
SPECIAL INSTRUCTIONS:			
Item No.			

BOARD COMMITTEE/COMMISSION APPOINTMENT/REAPPOINTMENT FORM

NAME OF BOARD/COMMITTEE/COMMISSION:	Workforce Retraining Advisory Committee		
NOMINATED BY:	Rep. Robert A. Cushing, Jr.	DISTRICT:	#2
NAME OF APPOINTEE	Sally Duran <small>(Please verify correct spelling of name)</small>		
BUSINESS ADDRESS:			
CITY:		ST:	
ZIP:		PHONE:	
HOME ADDRESS:			
CITY:		ST:	
ZIP:		PHONE:	
WHO WAS THE LAST PERSON TO HAVE HELD THIS POSITION BEFORE IT BECAME VACANT?			
New Board			

REASON PERSON IS NO LONGER IN OFFICE (CHECK ONE):	TERM EXPIRED:	<input type="checkbox"/>
	RESIGNED	<input type="checkbox"/>
	REMOVED	<input type="checkbox"/>
	OTHER (SPECIFY):	New Board
EXPIRATION DATE OF INCUMBENT:	n/a	
EXPIRATION DATE OF NEW APPOINTEE:	To be determined	
PLEASE CHECK ONE OF THE FOLLOWING:	1 st TERM:	<input checked="" type="checkbox"/>
	2 nd TERM	<input type="checkbox"/>
	UNEXPIRED TERM:	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>